

**PETITION FOR EXTENSION OF TIME
UNDER 37 CFR 1.136(a)**

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number	10/591,421	Filing Date	September 1, 2006
For	FUSED HETEROCYCLE DERIVATIVE, MEDICINAL COMPOSITION CONTAINING THE SAME, AND MEDICINAL USE THEREOF		
Art Unit	1623	Examiner Name	Michael C. Henry

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	_____
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	_____
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	<u>\$1,110.00</u>
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	_____
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	_____
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee, or credit any overpayment, to Deposit Account Number 19-4880.			

I am the applicant/inventor
 assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
 attorney or agent of record. Registration Number 40,641
 attorney or agent under 37 CFR 1.34.
 Registration number if acting under 37 CFR 1.34 _____

WASHINGTON OFFICE
23373
 CUSTOMER NUMBER

/Jennifer M. Hayes/ Signature	May 20, 2011 Date
Jennifer M. Hayes Typed or printed name	(202) 293-7060 Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 form is submitted.